

## **EFFECT OF LAPAROSCOPIC TUBECTOMY ON OVARIAN RESPONSE TO CONTROLLED OVARIAN STIMULATION FOR IVF-ET**

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**Objective:** To evaluate the influence of salpingectomy on ovarian response in controlled ovarian hyperstimulation protocol (COH).

**Setting:** University-based tertiary medical center

**Study design:** Retrospective paired matched case control study

**Patients:** 36 women who underwent two controlled ovarian stimulation cycles for IVF-ET.

**Interventions:** Laparoscopic salpingectomy

**Main outcome measures:** The number of dominant follicles and oocyte aspirated before and after laparoscopic tubectomy. Additionally the effects of tubectomy on maximal estradiol levels, duration of stimulation and average daily dose of gonadotrophins were assessed.

**Results:** Overall, the number of dominant follicles and the number of oocyte aspirated before and after tubectomy were comparable ( $8.2 \pm 3.8$  vs.  $8.3 \pm 3.7$ ,  $p=0.7$ , and  $10.2 \pm 6.6$  vs.,  $10.3 \pm 7.4$ ,  $p=0.3$ ). Maximal E2 levels before ( $1899 \pm 185$  pg/ml) and after the surgery ( $1997 \pm 231$  pg/ml) were not different ( $p=0.9$ ), as well as the average daily dose of gonadotrophins used ( $217.8 \pm 10.0$  IU vs.  $239 \pm 16.3$  IU,  $p=0.1$ ). The same results were observed when number of dominant follicles in the operated side of the same patient were compared before and after surgery ( $4.8 \pm 2.2$  vs.  $4.7 \pm 2.0$ ,  $p=0.8$  respectively). Regression analysis done to assess the effect of unilateral vs. bilateral tubectomy showed no effect on main outcome measured.

**Conclusions:** In contrast to previous reports we found that tubectomy whether unilateral or bilateral had no effects on ovarian response in controlled ovarian hyperstimulation protocol for IVF-ET